

Irrigation of distal and proximal bowel with sterile water or 1:1500 bichloride of mercury is apparently useful in lessening viability of desquamated cells and improving the recurrence rate.

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Newer Concepts in the Management of Shock

Parenteral sodium-containing solutions in addition to blood or 5 percent albumin solution for repletion of circulating blood volume and interstitial fluid deficits is fundamental in the treatment of hemorrhagic and traumatic shock. The over-enthusiastic use of excessively large volumes of lactated Ringer's solution has been tempered by laboratory experiments and increasing clinical evidence of the malefic results of such usage. This abuse was apparently based on a misinterpretation of Shires' work regarding the use of balanced salt solution in the treatment of shock and it is the consensus, at present, that balanced salt solutions should be used in modest amounts.

During the past year laboratory studies of metabolic and endocrine changes occurring in acute hemorrhagic shock have indicated changes in glucose and insulin metabolism similar to those occurring in diabetes, and suggest a possible role for insulin to influence favorably intermediary metabolism in shock. This awaits further laboratory studies. As yet, no clinical data are available to evaluate the use of insulin in the treatment of shock.

The use of glucagon intravenously in treatment of critically ill patients and patients with septic shock has been also recently reported. The initial report indicates that glucagon is a safe and effective agent in improving cardiac function in critically ill patients postoperatively and additionally appears to reverse abnormalities in oxygen consumption in septic shock. However, the role of

glucagon in the management of shock also must be evaluated by additional studies.

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Blood Supply to Stomach

Until celiac and mesenteric angiography confirmed that previously noted pronounced variations in arterial supply to the stomach and duodenum occur, these variations have not always been adequately considered by operating surgeons.

While anastomotic supply is rich in the fundus and body, there may be areas of potential ischemia along the lesser curvature and first portion of the duodenum which may make normal circulation hazardous.

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Emergency Portacaval Shunt For Bleeding Esophageal Varices

Bleeding from esophageal varices in patients with cirrhosis of the liver has been a highly lethal disorder. Extensive experience has shown that two-thirds to three-fourths of cirrhotic patients have failed to survive the first episode of varix hemorrhage. During the present century, none of a variety of therapeutic regimens has significantly influenced the high mortality rate. However, re-